



Job No. L516-01

Dear Panel Member:

We hope you'll help us. This nutrition and exercise survey will identify the eating and exercise habits of 4th and 5th grade children in California. Regarding your child's eating habits, **we are interested in only the foods or beverages your child ate/drank in nine different categories.** The survey is a project of the California Department of Health Services and the Public Health Institute.

Your child's participation in this study will help the California Department of Health Services find new and better ways to encourage children to eat well and exercise more often so that they will stay healthy, do well in school and form healthy habits before they reach adulthood. Your child has the opportunity to influence health programs for 4th and 5th grade children in California.

We want your child, whose age and sex are closest to that appearing on the upper left-hand corner of the enclosed journal, to be the one who works with you to complete the journal. (If you have more than one child who is this age/gender, pick only one child to participate.) **Will you please encourage your child to complete this survey and help him/her complete it?** To do so please:

- ✓ Read the enclosed questionnaire. Pick two consecutive school days as your child's survey days.
- ✓ Sit down with your child at the end of each of two consecutive school days (for example, Monday and Tuesday; Tuesday and Wednesday; Wednesday and Thursday; or Thursday and Friday) before he/she goes to bed. Your child may find it easier to remember the foods he/she ate or in what types of exercise he/she participated if you talk about what he/she did that day, starting with his/her morning activities. For example, you may want to ask your child to close his/her eyes and try to visualize what he/she ate during specific meals or times of the day.
- ✓ Help your child complete the survey by answering any questions he/she may have. Encourage your child to write or say what he/she actually ate (or how much he/she actually exercised), not what he/she was supposed to eat or what you want him/her to eat. **There are no right or wrong answers.**
- ✓ Review the completed questionnaire with your child before mailing it to us.

In a few weeks, we may also call you to talk with your child, over the telephone, to find out how he/she feels about nutrition, exercise and health.

Your child's answers will be combined with other children's responses so that after this interview we will not be able to tell which answers were your child's. We will always keep your child's answers confidential. If you do not want your child to participate in the California Department of Health Services' study, please check the box below and return the questionnaire in the enclosed, postage-paid envelope.

☐ I have read your letter and do not want my child to participate in this study.
Here is why: *Please write your reason here:* _____

If you would like your child to participate, please ask him/her to read the box below and show him/her this journal.

TO THE CHILD WHOSE AGE AND SEX ARE SHOWN ON THE ENCLOSED JOURNAL:

I hope that you will answer our questions. If you complete this journal and return it to me, **you'll receive a small gift from us.** In addition, if you participate and return your journal to us in the next week, we'll put your name in a drawing for special prizes. The questions are easy to answer, and there are no right or wrong answers. Your completed journal will help the State of California, your school and your community with their plans to help kids like you eat well and be healthy.

When you complete your journal, please return it in the postage-paid envelope. I am looking forward to hearing from you.

The special drawing is open to the members of the Consumer Mail Panel who were sent this survey. No purchase is necessary to enter. Market Facts, Inc., will select the winners by a random drawing in June 1999. Winners will be notified on or before June 15, 1999.

This drawing is void where prohibited by law and is subject to state and federal regulations.

Cordially,

Marie

DAY ONE

1. Indicate the school day represented by Day One of your child’s journal. (“X” ONE BOX)

Monday ☐ 1 Tuesday ☐ 2 Wednesday ☐ 3 Thursday ☐ 4

DAY ONE: Breakfast/Morning Meal

2. Did your child eat or drink anything during breakfast or not? (“X” ONE BOX)

Yes ☐ 1 No ☐ 2 → (SKIP TO QUESTION 7)

3. Where did your child get the food for breakfast? If “other,” write in where. (“X” ALL THAT APPLY)

Home ☐ 1 Fast food restaurant or food court ☐ 6

Served by school cafeteria ☐ 2 Other type of restaurant ☐ 7

Served by fast food restaurant at school ☐ 3 Day care provider or facility/friend’s house ☐ 8

At a school vending machine ☐ 4 Other: (PLEASE SPECIFY) ☐ 9

Convenience store ☐ 5

4. Did your child eat/drink any of the following for breakfast or not? (“X” ONE BOX FOR EACH FOOD CATEGORY)			5. What types of foods/beverage did your child eat/drink in this category?			6. How many servings of <u>each</u> did your child eat/drink in this category? A serving is your child’s normal portion. If less than 1 serving, “X” the box under “1/2.” (“X” ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM RECORDED AT QUESTION 5.)				
Food category	Yes	No				½ or Less	1	2	3	More than 3 (write in)
Breakfast cereals (only) Under Question 5, write the brand name of each type of hot or cold cereal. No need to record breads, crackers or pasta. ⚡Q. 6 SERVING TIP: a serving is your child’s normal portion or bowl.	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3			
Fruits, vegetables, 100% juices (vegetable or fruit), salads If a juice, write the brand name of the juice; if a salad (fruit or vegetable), list the salad on one line only and describe what it contained. ⚡Q. 6 SERVING TIP: a serving is a glass of juice, a piece of fruit, a bowl of salad, or a big scoop of cut vegetables; include fruits or vegetables that were part of a stew, casserole, etc.	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3			
Protein (meats, fish, poultry, nuts, eggs) Include peanut butter, lunch meats and canned meats. ⚡Q. 6 SERVING TIP: a serving is a slice of meat, a scrambled egg, a handful of nuts, etc.	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3			
Dry beans (lentil, black, chili, pinto, refried, dried split peas) Include dry beans if they were part of a soup, salad, casserole, etc. ⚡Q. 6 SERVING TIP: a serving is a scoop of cooked dry beans, a bowl of chili with beans, etc.	<input type="checkbox"/> 1 Go to Q. 6	<input type="checkbox"/> 2 ↓ Go to next item below	How many servings? → (No need to record the type of beans that he/she ate.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
Fluid milk (regular milk, chocolate milk, milkshakes) Include milk that your child poured over cereal as well as flavored milk; for flavored milk, indicate its fat content, not its flavor. ⚡Q. 6 SERVING TIP: a serving is a glass or carton of milk or milk poured over a bowl of cereal.	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to next item below	<input type="checkbox"/> 1 Whole milk → <input type="checkbox"/> 2 2% fat milk → <input type="checkbox"/> 3 1% fat milk → <input type="checkbox"/> 4 Skim/fat-free/non-fat milk → <input type="checkbox"/> 5 Milkshake → <input type="checkbox"/> 6 Don’t know fat content of milk →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3			
Cheese (American, cheddar, cottage, mozzarella on pizza) ⚡Q. 6 SERVING TIP: a serving is a slice of cheese, cheese on a slice of pizza, or a serving of a dish that contained cheese.	<input type="checkbox"/> 1 Go to Q. 6	<input type="checkbox"/> 2 ↓ Go to next item below	How many servings? → (No need to record the type of cheese that he/she ate.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
Soda/soft drink Indicate the type of soda/soft drink your child drank; no need to include the brand name; include soft drinks that are <u>not</u> carbonated. ⚡Q. 6 SERVING TIP: a serving is a glass, can or bottle of soda or other sweetened beverage like Hawaiian Punch.	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to next item below	<input type="checkbox"/> 1 Regular soda/pop → <input type="checkbox"/> 2 Diet soda/pop → <input type="checkbox"/> 3 Drink-ade (Hi-C, Sunny Delight) → <input type="checkbox"/> 4 Bottled, pre-sweetened tea (Arizona, Snapple) → <input type="checkbox"/> 5 Flavored and sweetened bottled water (Clearly Canadian) → <input type="checkbox"/> 6 Other; specify: _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3			
Sweets Any type of sweet baked good, candy or frozen dessert (muffins, donuts, cookies, brownies, cakes, pies, candy bars, candy, ice cream) ⚡Q. 6 SERVING TIP: a serving is a donut, a slice of pie or cake, a brownie, a cookie, a candy bar, or a scoop of ice cream.	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Write the types of sweets by name.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3			
				½ or Less	S	M	L	Supersize		
High-fat snacks that aren’t sweet (potato chips, corn chips, French fries, popcorn with butter, fried onion rings, hash browns) ⚡Q. 6 SERVING TIP: indicate the size of the portion – was it a small, medium, large or supersize serving/bag/box?	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to Q. 7	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Write the types of high-fat snacks.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4		

DAY ONE: Mid-Day Meal or Lunch

7. Did your child eat or drink anything for a mid-day meal/lunch or not? (“X” ONE BOX)

Yes ☐ 1

No ☐ 2 → (SKIP TO QUESTION 12)

8. Where did your child get the food for a mid-day meal/lunch? If “other,” write in where. (“X” ALL THAT APPLY)

Home ☐ 1

Served by school cafeteria ☐ 2

Served by fast food restaurant at school ☐ 3

At a school vending machine ☐ 4

Convenience store ☐ 5

Fast food restaurant or food court ☐ 6

Other type of restaurant ☐ 7

Day care provider or facility/friend’s house ☐ 8

Other: (PLEASE SPECIFY) ☐ 9

9. Did your child eat/drink any of the following for a mid-day meal/lunch or not? (“X” ONE BOX FOR EACH FOOD CATEGORY)			10. What types of foods/beverage did your child eat/drink in this category?			11. How many servings of <u>each</u> did your child eat/drink in this category? A serving is your child’s normal portion. If less than 1 serving, “X” the box under “1/2.” (“X” ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM RECORDED AT QUESTION 10.)								
Food category			Yes			No			1/2 or Less		1	2	3	More than 3 (write in)
Breakfast cereals (only) Under Question 10, write the brand name of each type of hot or cold cereal. No need to record breads, crackers or pasta. Q. 11 SERVING TIP: a serving is your child’s normal portion or bowl.			<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to next item below		a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → If your child ate more than one type of cereal, indicate how much of <u>each</u> cereal type he/she ate.			<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____	
Fruits, vegetables, 100% juices (vegetable or fruit), salads If a juice, write the brand name of the juice; if a salad (fruit or vegetable), list the salad on one line only and describe what it contained. Q. 11 SERVING TIP: a serving is a glass of juice, a piece of fruit, a bowl of salad, or a big scoop of cut vegetables; include fruits or vegetables that were part of a stew, casserole, etc.			<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to next item below		a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Include the brand name of juices. Do <u>not</u> include French fries or hash browns in this section; instead, include them within “High-fat snacks” section.			<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____	
Protein (meats, fish, poultry, nuts, eggs) Include peanut butter, lunch meats and canned meats. Q. 11 SERVING TIP: a serving is a slice of meat, a scrambled egg, a handful of nuts, etc.			<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to next item below		a) _____ → b) _____ → c) _____ → d) _____ → e) _____ →			<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____	
Dry beans (lentil, black, chili, pinto, refried, dried split peas) Include dry beans if they were part of a soup, salad, casserole, etc. Q. 11 SERVING TIP: a serving is a scoop of cooked dry beans, a bowl of chili with beans, etc.			<input type="checkbox"/> 1 Go to Q. 11	<input type="checkbox"/> 2 ↓ Go to next item below		How many servings? → (No need to record the type of beans that he/she ate.)			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	
Fluid milk (regular milk, chocolate milk, milkshakes) Include milk that your child poured over cereal as well as flavored milk; for flavored milk, indicate its fat content, not its flavor. Q. 11 SERVING TIP: a serving is a glass or carton of milk or milk poured over a bowl of cereal.			<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to next item below		<input type="checkbox"/> 1 Whole milk → <input type="checkbox"/> 2 2% fat milk → <input type="checkbox"/> 3 1% fat milk → <input type="checkbox"/> 4 Skim/fat-free/non-fat milk → <input type="checkbox"/> 5 Milkshake → <input type="checkbox"/> 6 Don’t know fat content of milk →			<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____ _____	
Cheese (American, cheddar, cottage, mozzarella on pizza) Q. 11 SERVING TIP: a serving is a slice of cheese, cheese on a slice of pizza, or a serving of a dish that contained cheese.			<input type="checkbox"/> 1 Go to Q. 11	<input type="checkbox"/> 2 ↓ Go to next item below		How many servings? → (No need to record the type of cheese that he/she ate.)			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	
Soda/soft drink Indicate the type of soda/soft drink your child drank; no need to include the brand name; include soft drinks that are <u>not</u> carbonated. Q. 11 SERVING TIP: a serving is a glass, can or bottle of soda or other sweetened beverage like Hawaiian Punch.			<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to next item below		<input type="checkbox"/> 1 Regular soda/pop → <input type="checkbox"/> 2 Diet soda/pop → <input type="checkbox"/> 3 Drink-ade (Hi-C, Sunny Delight) → <input type="checkbox"/> 4 Bottled, pre-sweetened tea (Arizona, Snapple) → <input type="checkbox"/> 5 Flavored and sweetened bottled water (Clearly Canadian) → <input type="checkbox"/> 6 Other; specify: _____ →			<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____ _____	
Sweets Any type of sweet baked good, candy or frozen dessert (muffins, donuts, cookies, brownies, cakes, pies, candy bars, candy, ice cream) Q. 11 SERVING TIP: a serving is a donut, a slice of pie or cake, a brownie, a cookie, a candy bar, or a scoop of ice cream.			<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to next item below		a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Write the types of sweets by name.			<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____	
						1/2 or Less		S	M	L	Supersize			
High-fat snacks that aren’t sweet (potato chips, corn chips, French fries, popcorn with butter, fried onion rings, hash browns) Q. 11 SERVING TIP: indicate the size of the portion – was it a small, medium, large or supersize serving/bag/box?			<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to Q. 12		a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Write the types of high-fat snacks.			<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4	

DAY ONE: Evening Meal or Supper

12. Did your child eat or drink anything for an evening meal/supper or not? (“X” ONE BOX)

Yes ☐ 1

No ☐ 2 → (SKIP TO QUESTION 17)

13. Where did your child get the food for an evening meal/supper? If “other,” write in where. (“X” ALL THAT APPLY)

Home ☐ 1

Served by school cafeteria ☐ 2

Served by fast food restaurant at school ☐ 3

At a school vending machine ☐ 4

Convenience store ☐ 5

Fast food restaurant or food court ☐ 6

Other type of restaurant ☐ 7

Day care provider or facility/friend’s house ☐ 8

Other: (PLEASE SPECIFY) ☐ 9

14. Did your child eat/drink any of the following for an evening meal/supper or not? (“X” ONE BOX FOR EACH FOOD CATEGORY)			15. What types of foods/beverage did your child eat/drink in this category?	16. How many servings of <u>each</u> did your child eat/drink in this category? A serving is your child’s normal portion. If less than 1 serving, “X” the box under “1/2.” (“X” ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM RECORDED AT QUESTION 15.)				
Food category	Yes	No		½ or Less	1	2	3	More than 3 (write in)
Breakfast cereals (only) Under Question 15, write the brand name of each type of hot or cold cereal. No need to record breads, crackers or pasta. ☞Q. 16 SERVING TIP: a serving is your child’s normal portion or bowl.	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → If your child ate more than one type of cereal, indicate how much of <u>each</u> cereal type he/she ate.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____
Fruits, vegetables, 100% juices (vegetable or fruit), salads If a juice, write the brand name of the juice; if a salad (fruit or vegetable), list the salad on one line only and describe what it contained. ☞Q. 16 SERVING TIP: a serving is a glass of juice, a piece of fruit, a bowl of salad, or a big scoop of cut vegetables; include fruits or vegetables that were part of a stew, casserole, etc.	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Include the brand name of juices. Do <u>not</u> include French fries or hash browns in this section; instead, include them within “High-fat snacks” section.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____
Protein (meats, fish, poultry, nuts, eggs) Include peanut butter, lunch meats and canned meats. ☞Q. 16 SERVING TIP: a serving is a slice of meat, a scrambled egg, a handful of nuts, etc.	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____
Dry beans (lentil, black, chili, pinto, refried, dried split peas) Include dry beans if they were part of a soup, salad, casserole, etc. ☞Q. 16 SERVING TIP: a serving is a scoop of cooked dry beans, a bowl of chili with beans, etc.	<input type="checkbox"/> 1 Go to Q. 16	<input type="checkbox"/> 2 ↓ Go to next item below	How many servings? → (No need to record the type of beans that he/she ate.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Fluid milk (regular milk, chocolate milk, milkshakes) Include milk that your child poured over cereal as well as flavored milk; for flavored milk, indicate its fat content, not its flavor. ☞Q. 16 SERVING TIP: a serving is a glass or carton of milk or milk poured over a bowl of cereal.	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to next item below	<input type="checkbox"/> 1 Whole milk → <input type="checkbox"/> 2 2% fat milk → <input type="checkbox"/> 3 1% fat milk → <input type="checkbox"/> 4 Skim/fat-free/non-fat milk → <input type="checkbox"/> 5 Milkshake → <input type="checkbox"/> 6 Don’t know fat content of milk →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____ _____
Cheese (American, cheddar, cottage, mozzarella on pizza) ☞Q. 16 SERVING TIP: a serving is a slice of cheese, cheese on a slice of pizza, or a serving of a dish that contained cheese.	<input type="checkbox"/> 1 Go to Q. 16	<input type="checkbox"/> 2 ↓ Go to next item below	How many servings? → (No need to record the type of cheese that he/she ate.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Soda/soft drink Indicate the type of soda/soft drink your child drank; no need to include the brand name; include soft drinks that are <u>not</u> carbonated. ☞Q. 16 SERVING TIP: a serving is a glass, can or bottle of soda or other sweetened beverage like Hawaiian Punch.	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to next item below	<input type="checkbox"/> 1 Regular soda/pop → <input type="checkbox"/> 2 Diet soda/pop → <input type="checkbox"/> 3 Drink-ade (Hi-C, Sunny Delight) → <input type="checkbox"/> 4 Bottled, pre-sweetened tea (Arizona, Snapple) → <input type="checkbox"/> 5 Flavored and sweetened bottled water (Clearly Canadian) → <input type="checkbox"/> 6 Other; specify: _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____ _____
Sweets Any type of sweet baked good, candy or frozen dessert (muffins, donuts, cookies, brownies, cakes, pies, candy bars, candy, ice cream) ☞Q. 16 SERVING TIP: a serving is a donut, a slice of pie or cake, a brownie, a cookie, a candy bar, or a scoop of ice cream.	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Write the types of sweets by name.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____
				½ or Less	S	M	L	Supersize
High-fat snacks that aren’t sweet (potato chips, corn chips, French fries, popcorn with butter, fried onion rings, hash browns) ☞Q. 16 SERVING TIP: indicate the size of the portion – was it a small, medium, large or supersize serving/bag/box?	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to Q. 17	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Write the types of high-fat snacks.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4

DAY ONE: Morning Snack (Between Breakfast and Lunch)

17. Did your child eat or drink anything for a morning snack or not? (“X” ONE BOX)
Yes ☐ 1 No ☐ 2 → (SKIP TO QUESTION 20)
18. Where did your child get the food for a morning snack? If “other,” write in where. (“X” ALL THAT APPLY)
Home ☐ 1 At a school vending machine ☐ 4 Other type of restaurant..... ☐ 7
Served by school cafeteria ☐ 2 Convenience store ☐ 5 Day care provider or facility/friend’s house. ☐ 8
Served by fast food restaurant at school .. ☐ 3 Fast food restaurant or food court..... ☐ 6 Other: (PLEASE SPECIFY)..... ☐ 9
19. Please list all the food/beverage items that your child ate/drank for a morning snack.

FOODS/BEVERAGES EATEN/DRANK							
Food/Beverage Item Eaten/Drank	Type and/or Flavor (for soda, list the type) (for milk, list the fat content)	Brand Name (when known, when appropriate) (for juice, list the brand name)	How many servings of each did your child eat/drink? A serving is your child’s normal portion. If less than 1 serving, “X” the box under “1/2.” (“X” ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM)				
			½ or Less	1	2	3	More than 3 (write in)
EXAMPLE:							
<u>Milk</u>	<u>Whole</u>		<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<u>Cookies</u>	<u>Chocolate</u>		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

DAY ONE: Mid-Day Snack (Between Lunch and Supper)

20. Did your child eat or drink anything for a mid-day snack or not? (“X” ONE BOX)
Yes ☐ 1 No ☐ 2 → (SKIP TO QUESTION 23)
21. Where did your child get the food for a mid-day snack? If “other,” write in where. (“X” ALL THAT APPLY)
Home ☐ 1 At a school vending machine ☐ 4 Other type of restaurant..... ☐ 7
Served by school cafeteria ☐ 2 Convenience store ☐ 5 Day care provider or facility/friend’s house. ☐ 8
Served by fast food restaurant at school .. ☐ 3 Fast food restaurant or food court..... ☐ 6 Other: (PLEASE SPECIFY)..... ☐ 9
22. Please list all the food/beverage items that your child ate/drank for a mid-day snack.

FOODS/BEVERAGES EATEN/DRANK							
Food/Beverage Item Eaten/Drank	Type and/or Flavor (for soda, list the type) (for milk, list the fat content)	Brand Name (when known, when appropriate) (for juice, list the brand name)	How many servings of each did your child eat/drink? A serving is your child’s normal portion. If less than 1 serving, “X” the box under “1/2.” (“X” ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM)				
			½ or Less	1	2	3	More than 3 (write in)
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

DAY ONE: Evening/After-Supper Snack

23. Did your child eat or drink anything for an evening/after-supper snack or not? (“X” ONE BOX)
Yes ☐ 1 No ☐ 2 → (SKIP TO QUESTION 26)
24. Where did your child get the food for an evening/after-supper snack? If “other,” write in where. (“X” ALL THAT APPLY)
Home ☐ 1 At a school vending machine ☐ 4 Other type of restaurant..... ☐ 7
Served by school cafeteria ☐ 2 Convenience store ☐ 5 Day care provider or facility/friend’s house. ☐ 8
Served by fast food restaurant at school .. ☐ 3 Fast food restaurant or food court..... ☐ 6 Other: (PLEASE SPECIFY)..... ☐ 9
25. Please list all the food/beverage items that your child ate/drank for an evening/after-supper snack.

FOODS/BEVERAGES EATEN/DRANK							
Food/Beverage Item Eaten/Drank	Type and/or Flavor (for soda, list the type) (for milk, list the fat content)	Brand Name (when known, when appropriate) (for juice, list the brand name)	How many servings of each did your child eat/drink? A serving is your child’s normal portion. If less than 1 serving, “X” the box under “1/2.” (“X” ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM)				
			½ or Less	1	2	3	More than 3 (write in)
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

DAY ONE: Physical Activity

26. What was the primary way your child got **to school** today? (“X” ONE BOX UNDER Q.26.)
27. What was the primary way your child got home **from school** today? (“X” ONE BOX UNDER Q. 27.)

	Q. 26 To SCHOOL	Q. 27 FROM SCHOOL
Car/carpool	<input type="checkbox"/> 1	<input type="checkbox"/> 1
School bus	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Walked	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Rode bicycle	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Other (SPECIFY):	<input type="checkbox"/> 5	<input type="checkbox"/> 5

28. Did your child exercise or was he/she physically active any time during this part of the day? (“X” ONE BOX FOR EACH PART OF THE DAY)	29. Type of exercise, physical activity, or sports in which your child participated during this part of the day. <i>(Record the type of activity/exercise within the appropriate period of the day; include what your child did in gym/PE class or recess.)</i>		30. Number of minutes your child spent doing <u>each</u> exercise or activity. <i>(Record the number of minutes your child spent with each exercise/activity in the space below; include time your child spent in gym/PE class or recess.)</i>	31. How vigorously did your child participate in this exercise or activity? <i>(Read each of the three categories below to your child and identify the one that best fits how vigorously he/she participated in each exercise/activity recorded under Question 29.)</i> (“X” EITHER LIGHT, MODERATE, OR HARD FOR EACH EXERCISE/ACTIVITY IN Q. 29.)			
	Yes	No			LIGHT <i>Includes walking to school or swinging on a swing</i>	MODERATE <i>Includes bicycling, roller-skating, skate-boarding, and dancing</i>	HARD <i>Includes running, basketball, and sprint or distance swimming</i>
PART OF THE DAY			Types of Exercise	Minutes of Exercise/ Physical Activity			
Morning (5 a.m. to 10:59 a.m.)	<input type="checkbox"/> 1 ↓ Go to Q. 29	<input type="checkbox"/> 2 ↓ Go to next part of day below	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	_____ _____ _____ _____ _____ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3
Afternoon (11 a.m. to 4:59 p.m.)	<input type="checkbox"/> 1 ↓ Go to Q. 29	<input type="checkbox"/> 2 ↓ Go to next part of day below	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	_____ _____ _____ _____ _____ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3
Evening (5 p.m. or later)	<input type="checkbox"/> 1 ↓ Go to Q. 29	<input type="checkbox"/> 2 ↓ Go to Q. 32	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	_____ _____ _____ _____ _____ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3

PART OF THE DAY	32. Did your child watch any TV/videos <u>for fun</u> or play any computer/video games <u>for fun</u> during each of the three major parts of the day? (“X” ONE BOX FOR EACH PART OF THE DAY)		33. How many minutes did your child watch TV/videos <u>for fun</u> or play computer games or play video games <u>for fun</u> during each of the three major parts of the day? <i>(Only count TV/video watching or video/computer games that weren’t a part of school work.)</i>
	Yes	No	
Morning (5 a.m. to 10:59 a.m.)	<input type="checkbox"/> 1 ↓ Go to Q. 33	<input type="checkbox"/> 2 ↓ Go to next part of day below	_____
Afternoon (11 a.m. to 4:59 p.m.)	<input type="checkbox"/> 1 ↓ Go to Q. 33	<input type="checkbox"/> 2 ↓ Go to next part of day below	_____
Evening (5 p.m. or later)	<input type="checkbox"/> 1 ↓ Go to Q. 33	<input type="checkbox"/> 2 ↓ Go to DAY TWO on next page	_____

DAY TWO

1. Indicate the school day represented by Day Two of your child’s journal. (“X” ONE BOX)

Tuesday..... ☐ 2 Wednesday..... ☐ 3 Thursday ☐ 4 Friday ☐ 5

DAY TWO: Breakfast/Morning Meal

2. Did your child eat or drink anything during breakfast or not? (“X” ONE BOX)

Yes ☐ 1 No ☐ 2 → (SKIP TO QUESTION 7)

3. Where did your child get the food for breakfast? If “other,” write in where. (“X” ALL THAT APPLY)

Home	<input type="checkbox"/> 1	Fast food restaurant or food court	<input type="checkbox"/> 6
Served by school cafeteria	<input type="checkbox"/> 2	Other type of restaurant	<input type="checkbox"/> 7
Served by fast food restaurant <u>at school</u>	<input type="checkbox"/> 3	Day care provider or facility/friend’s house	<input type="checkbox"/> 8
At a school vending machine	<input type="checkbox"/> 4	Other: (PLEASE SPECIFY)	<input type="checkbox"/> 9
Convenience store	<input type="checkbox"/> 5		

4. Did your child eat/drink any of the following for breakfast or not? (“X” ONE BOX FOR EACH FOOD CATEGORY)			5. What types of foods/beverage did your child eat/drink in this category?			6. How many servings of <u>each</u> did your child eat/drink in this category? A serving is your child’s normal portion. If less than 1 serving, “X” the box under “1/2.” (“X” ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM RECORDED AT QUESTION 5.)				
Food category	Yes	No				½ or Less	1	2	3	More than 3 (write in)
Breakfast cereals (only) Under Question 5, write the brand name of each type of hot or cold cereal. No need to record breads, crackers or pasta. ☞Q. 6 SERVING TIP: a serving is your child’s normal portion or bowl.	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3			
Fruits, vegetables, 100% juices (vegetable or fruit), salads If a juice, write the brand name of the juice; if a salad (fruit or vegetable), list the salad on one line only and describe what it contained. ☞Q. 6 SERVING TIP: a serving is a glass of juice, a piece of fruit, a bowl of salad, or a big scoop of cut vegetables; include fruits or vegetables that were part of a stew, casserole, etc.	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3			
Protein (meats, fish, poultry, nuts, eggs) Include peanut butter, lunch meats and canned meats. ☞Q. 6 SERVING TIP: a serving is a slice of meat, a scrambled egg, a handful of nuts, etc.	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3			
Dry beans (lentil, black, chili, pinto, refried, dried split peas) Include dry beans if they were part of a soup, salad, casserole, etc. ☞Q. 6 SERVING TIP: a serving is a scoop of cooked dry beans, a bowl of chili with beans, etc.	<input type="checkbox"/> 1 Go to Q. 6	<input type="checkbox"/> 2 ↓ Go to next item below	How many servings? → (No need to record the type of beans that he/she ate.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
Fluid milk (regular milk, chocolate milk, milkshakes) Include milk that your child poured over cereal as well as flavored milk; for flavored milk, indicate its fat content, not its flavor. ☞Q. 6 SERVING TIP: a serving is a glass or carton of milk or milk poured over a bowl of cereal.	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to next item below	<input type="checkbox"/> 1 Whole milk → <input type="checkbox"/> 2 2% fat milk → <input type="checkbox"/> 3 1% fat milk → <input type="checkbox"/> 4 Skim/fat-free/non-fat milk → <input type="checkbox"/> 5 Milkshake → <input type="checkbox"/> 6 Don’t know fat content of milk →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3			
Cheese (American, cheddar, cottage, mozzarella on pizza) ☞Q. 6 SERVING TIP: a serving is a slice of cheese, cheese on a slice of pizza, or a serving of a dish that contained cheese.	<input type="checkbox"/> 1 Go to Q. 6	<input type="checkbox"/> 2 ↓ Go to next item below	How many servings? → (No need to record the type of cheese that he/she ate.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
Soda/soft drink Indicate the type of soda/soft drink your child drank; no need to include the brand name; include soft drinks that are <u>not</u> carbonated. ☞Q. 6 SERVING TIP: a serving is a glass, can or bottle of soda or other sweetened beverage like Hawaiian Punch.	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to next item below	<input type="checkbox"/> 1 Regular soda/pop → <input type="checkbox"/> 2 Diet soda/pop → <input type="checkbox"/> 3 Drink-ade (Hi-C, Sunny Delight) → <input type="checkbox"/> 4 Bottled, pre-sweetened tea (Arizona, Snapple) → <input type="checkbox"/> 5 Flavored and sweetened bottled water (Clearly Canadian) → <input type="checkbox"/> 6 Other; specify: _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3			
Sweets Any type of sweet baked good, candy or frozen dessert (muffins, donuts, cookies, brownies, cakes, pies, candy bars, candy, ice cream) ☞Q. 6 SERVING TIP: a serving is a donut, a slice of pie or cake, a brownie, a cookie, a candy bar, or a scoop of ice cream.	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Write the types of sweets by name.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3			
						½ or Less	S	M	L	Supersize
High-fat snacks that aren’t sweet (potato chips, corn chips, French fries, popcorn with butter, fried onion rings, hash browns) ☞Q. 6 SERVING TIP: indicate the size of the portion – was it a small, medium, large or supersize serving/bag/box?	<input type="checkbox"/> 1 Go to Q. 5	<input type="checkbox"/> 2 ↓ Go to Q. 7	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Write the types of high-fat snacks.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4		

DAY TWO: Mid-Day Meal or Lunch

7.

Did your child eat or drink anything for a mid-day meal/lunch or not? (“X” ONE BOX)

Yes ☐ 1

No ☐ 2 → (SKIP TO QUESTION 12)

8.

Where did your child get the food for a mid-day meal/lunch? If “other,” write in where. (“X” ALL THAT APPLY)

Home ☐ 1

Served by school cafeteria ☐ 2

Served by fast food restaurant at school ☐ 3

At a school vending machine ☐ 4

Convenience store ☐ 5

Fast food restaurant or food court ☐ 6

Other type of restaurant ☐ 7

Day care provider or facility/friend’s house ☐ 8

Other: (PLEASE SPECIFY) ☐ 9

9. Did your child eat/drink any of the following for a mid-day meal/lunch or not? (“X” ONE BOX FOR EACH FOOD CATEGORY)			10. What types of foods/beverage did your child eat/drink in this category?	11. How many servings of <u>each</u> did your child eat/drink in this category? A serving is your child’s normal portion. If less than 1 serving, “X” the box under “1/2.” (“X” ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM RECORDED AT QUESTION 10.)				
Food category	Yes	No		½ or Less	1	2	3	More than 3 (write in)
Breakfast cereals (only) Under Question 10, write the brand name of each type of hot or cold cereal. No need to record breads, crackers or pasta. ☞Q. 11 SERVING TIP: a serving is your child’s normal portion or bowl.	<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → If your child ate more than one type of cereal, indicate how much of <u>each</u> cereal type he/she ate.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____
Fruits, vegetables, 100% juices (vegetable or fruit), salads If a juice, write the brand name of the juice; if a salad (fruit or vegetable), list the salad on one line only and describe what it contained. ☞Q. 11 SERVING TIP: a serving is a glass of juice, a piece of fruit, a bowl of salad, or a big scoop of cut vegetables; include fruits or vegetables that were part of a stew, casserole, etc.	<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Include the brand name of juices. Do <u>not</u> include French fries or hash browns in this section; instead, include them within “High-fat snacks” section.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____
Protein (meats, fish, poultry, nuts, eggs) Include peanut butter, lunch meats and canned meats. ☞Q. 11 SERVING TIP: a serving is a slice of meat, a scrambled egg, a handful of nuts, etc.	<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____
Dry beans (lentil, black, chili, pinto, refried, dried split peas) Include dry beans if they were part of a soup, salad, casserole, etc. ☞Q. 11 SERVING TIP: a serving is a scoop of cooked dry beans, a bowl of chili with beans, etc.	<input type="checkbox"/> 1 Go to Q. 11	<input type="checkbox"/> 2 ↓ Go to next item below	How many servings? → (No need to record the type of beans that he/she ate.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Fluid milk (regular milk, chocolate milk, milkshakes) Include milk that your child poured over cereal as well as flavored milk; for flavored milk, indicate its fat content, not its flavor. ☞Q. 11 SERVING TIP: a serving is a glass or carton of milk or milk poured over a bowl of cereal.	<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to next item below	<input type="checkbox"/> 1 Whole milk → <input type="checkbox"/> 2 2% fat milk → <input type="checkbox"/> 3 1% fat milk → <input type="checkbox"/> 4 Skim/fat-free/non-fat milk → <input type="checkbox"/> 5 Milkshake → <input type="checkbox"/> 6 Don’t know fat content of milk →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____ _____
Cheese (American, cheddar, cottage, mozzarella on pizza) ☞Q. 11 SERVING TIP: a serving is a slice of cheese, cheese on a slice of pizza, or a serving of a dish that contained cheese.	<input type="checkbox"/> 1 Go to Q. 11	<input type="checkbox"/> 2 ↓ Go to next item below	How many servings? → (No need to record the type of cheese that he/she ate.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Soda/soft drink Indicate the type of soda/soft drink your child drank; no need to include the brand name; include soft drinks that are <u>not</u> carbonated. ☞Q. 11 SERVING TIP: a serving is a glass, can or bottle of soda or other sweetened beverage like Hawaiian Punch.	<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to next item below	<input type="checkbox"/> 1 Regular soda/pop → <input type="checkbox"/> 2 Diet soda/pop → <input type="checkbox"/> 3 Drink-ade (Hi-C, Sunny Delight) → <input type="checkbox"/> 4 Bottled, pre-sweetened tea (Arizona, Snapple) → <input type="checkbox"/> 5 Flavored and sweetened bottled water (Clearly Canadian) → <input type="checkbox"/> 6 Other; specify: _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____ _____
Sweets Any type of sweet baked good, candy or frozen dessert (muffins, donuts, cookies, brownies, cakes, pies, candy bars, candy, ice cream) ☞Q. 11 SERVING TIP: a serving is a donut, a slice of pie or cake, a brownie, a cookie, a candy bar, or a scoop of ice cream.	<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Write the types of sweets by name.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____
				½ or Less	S	M	L	Supersize
High-fat snacks that aren’t sweet (potato chips, corn chips, French fries, popcorn with butter, fried onion rings, hash browns) ☞Q. 11 SERVING TIP: indicate the size of the portion – was it a small, medium, large or supersize serving/bag/box?	<input type="checkbox"/> 1 Go to Q. 10	<input type="checkbox"/> 2 ↓ Go to Q. 12	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Write the types of high-fat snacks.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4

DAY TWO: Evening Meal or Supper

12. Did your child eat or drink anything for an evening meal/supper or not? (“X” ONE BOX)
Yes ☐ 1 No ☐ 2 → (SKIP TO QUESTION 17)

13. Where did your child get the food for an evening meal/supper? If “other,” write in where. (“X” ALL THAT APPLY)
Home ☐ 1 Fast food restaurant or food court ☐ 6
Served by school cafeteria ☐ 2 Other type of restaurant ☐ 7
Served by fast food restaurant at school ☐ 3 Day care provider or facility/friend’s house ☐ 8
At a school vending machine ☐ 4 Other: (PLEASE SPECIFY) ☐ 9
Convenience store ☐ 5

14. Did your child eat/drink any of the following for an evening meal/supper or not? (“X” ONE BOX FOR EACH FOOD CATEGORY)			15. What types of foods/beverage did your child eat/drink in this category?	16. How many servings of each did your child eat/drink in this category? A serving is your child’s normal portion. If less than 1 serving, “X” the box under “1/2.” (“X” ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM RECORDED AT QUESTION 15.)				
Food category	Yes	No		1/2 or Less	1	2	3	More than 3 (write in)
Breakfast cereals (only) Under Question 15, write the brand name of each type of hot or cold cereal. No need to record breads, crackers or pasta. Q. 16 SERVING TIP: a serving is your child’s normal portion or bowl.	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → If your child ate more than one type of cereal, indicate how much of each cereal type he/she ate.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____
Fruits, vegetables, 100% juices (vegetable or fruit), salads If a juice, write the brand name of the juice; if a salad (fruit or vegetable), list the salad on one line only and describe what it contained. Q. 16 SERVING TIP: a serving is a glass of juice, a piece of fruit, a bowl of salad, or a big scoop of cut vegetables; include fruits or vegetables that were part of a stew, casserole, etc.	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Include the brand name of juices. Do not include French fries or hash browns in this section; instead, include them within “High-fat snacks” section.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____
Protein (meats, fish, poultry, nuts, eggs) Include peanut butter, lunch meats and canned meats. Q. 16 SERVING TIP: a serving is a slice of meat, a scrambled egg, a handful of nuts, etc.	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____
Dry beans (lentil, black, chili, pinto, refried, dried split peas) Include dry beans if they were part of a soup, salad, casserole, etc. Q. 16 SERVING TIP: a serving is a scoop of cooked dry beans, a bowl of chili with beans, etc.	<input type="checkbox"/> 1 Go to Q. 16	<input type="checkbox"/> 2 ↓ Go to next item below	How many servings? → (No need to record the type of beans that he/she ate.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Fluid milk (regular milk, chocolate milk, milkshakes) Include milk that your child poured over cereal as well as flavored milk; for flavored milk, indicate its fat content, not its flavor. Q. 16 SERVING TIP: a serving is a glass or carton of milk or milk poured over a bowl of cereal.	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to next item below	<input type="checkbox"/> 1 Whole milk → <input type="checkbox"/> 2 2% fat milk → <input type="checkbox"/> 3 1% fat milk → <input type="checkbox"/> 4 Skim/fat-free/non-fat milk → <input type="checkbox"/> 5 Milkshake → <input type="checkbox"/> 6 Don’t know fat content of milk →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____ _____
Cheese (American, cheddar, cottage, mozzarella on pizza) Q. 16 SERVING TIP: a serving is a slice of cheese, cheese on a slice of pizza, or a serving of a dish that contained cheese.	<input type="checkbox"/> 1 Go to Q. 16	<input type="checkbox"/> 2 ↓ Go to next item below	How many servings? → (No need to record the type of cheese that he/she ate.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____
Soda/soft drink Indicate the type of soda/soft drink your child drank; no need to include the brand name; include soft drinks that are not carbonated. Q. 16 SERVING TIP: a serving is a glass, can or bottle of soda or other sweetened beverage like Hawaiian Punch.	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to next item below	<input type="checkbox"/> 1 Regular soda/pop → <input type="checkbox"/> 2 Diet soda/pop → <input type="checkbox"/> 3 Drink-ade (Hi-C, Sunny Delight) → <input type="checkbox"/> 4 Bottled, pre-sweetened tea (Arizona, Snapple) → <input type="checkbox"/> 5 Flavored and sweetened bottled water (Clearly Canadian) → <input type="checkbox"/> 6 Other; specify: _____ →	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____ _____
Sweets Any type of sweet baked good, candy or frozen dessert (muffins, donuts, cookies, brownies, cakes, pies, candy bars, candy, ice cream) Q. 16 SERVING TIP: a serving is a donut, a slice of pie or cake, a brownie, a cookie, a candy bar, or a scoop of ice cream.	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to next item below	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Write the types of sweets by name.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	_____ _____ _____ _____ _____
				1/2 or Less	S	M	L	Supersize
High-fat snacks that aren’t sweet (potato chips, corn chips, French fries, popcorn with butter, fried onion rings, hash browns) Q. 16 SERVING TIP: indicate the size of the portion – was it a small, medium, large or supersize serving/bag/box?	<input type="checkbox"/> 1 Go to Q. 15	<input type="checkbox"/> 2 ↓ Go to Q. 17	a) _____ → b) _____ → c) _____ → d) _____ → e) _____ → Write the types of high-fat snacks.	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4

DAY TWO: Morning Snack (Between Breakfast and Lunch)

17. Did your child eat or drink anything for a morning snack or not? (“X” ONE BOX)
Yes ☐ 1 No ☐ 2 → (SKIP TO QUESTION 20)
18. Where did your child get the food for a morning snack? If “other,” write in where. (“X” ALL THAT APPLY)
Home ☐ 1 At a school vending machine ☐ 4 Other type of restaurant..... ☐ 7
Served by school cafeteria ☐ 2 Convenience store ☐ 5 Day care provider or facility/friend’s house. ☐ 8
Served by fast food restaurant at school .. ☐ 3 Fast food restaurant or food court..... ☐ 6 Other: (PLEASE SPECIFY)..... ☐ 9
19. Please list all the food/beverage items that your child ate/drank for a morning snack.

FOODS/BEVERAGES EATEN/DRANK							
Food/Beverage Item Eaten/Drank	Type and/or Flavor (for soda, list the type) (for milk, list the fat content)	Brand Name (when known, when appropriate) (for juice, list the brand name)	How many servings of each did your child eat/drink? A serving is your child’s normal portion. If less than 1 serving, “X” the box under “1/2.” (“X” ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM)				
			½ or Less	1	2	3	More than 3 (write in)
EXAMPLE:							
<u>Milk</u>	<u>Whole</u>		<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<u>Cookies</u>	<u>Chocolate</u>		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

DAY TWO: Mid-Day Snack (Between Lunch and Supper)

20. Did your child eat or drink anything for a mid-day snack or not? (“X” ONE BOX)
Yes ☐ 1 No ☐ 2 → (SKIP TO QUESTION 23)
21. Where did your child get the food for a mid-day snack? If “other,” write in where. (“X” ALL THAT APPLY)
Home ☐ 1 At a school vending machine ☐ 4 Other type of restaurant..... ☐ 7
Served by school cafeteria ☐ 2 Convenience store ☐ 5 Day care provider or facility/friend’s house. ☐ 8
Served by fast food restaurant at school .. ☐ 3 Fast food restaurant or food court..... ☐ 6 Other: (PLEASE SPECIFY)..... ☐ 9
22. Please list all the food/beverage items that your child ate/drank for a mid-day snack.

FOODS/BEVERAGES EATEN/DRANK							
Food/Beverage Item Eaten/Drank	Type and/or Flavor (for soda, list the type) (for milk, list the fat content)	Brand Name (when known, when appropriate) (for juice, list the brand name)	How many servings of each did your child eat/drink? A serving is your child’s normal portion. If less than 1 serving, “X” the box under “1/2.” (“X” ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM)				
			½ or Less	1	2	3	More than 3 (write in)
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

DAY TWO: Evening/After-Supper Snack

23. Did your child eat or drink anything for an evening/after-supper snack or not? (“X” ONE BOX)
Yes ☐ 1 No ☐ 2 → (SKIP TO QUESTION 26)
24. Where did your child get the food for an evening/after-supper snack? If “other,” write in where. (“X” ALL THAT APPLY)
Home ☐ 1 At a school vending machine ☐ 4 Other type of restaurant..... ☐ 7
Served by school cafeteria ☐ 2 Convenience store ☐ 5 Day care provider or facility/friend’s house. ☐ 8
Served by fast food restaurant at school .. ☐ 3 Fast food restaurant or food court..... ☐ 6 Other: (PLEASE SPECIFY)..... ☐ 9
25. Please list all the food/beverage items that your child ate/drank for an evening/after-supper snack.

FOODS/BEVERAGES EATEN/DRANK							
Food/Beverage Item Eaten/Drank	Type and/or Flavor (for soda, list the type) (for milk, list the fat content)	Brand Name (when known, when appropriate) (for juice, list the brand name)	How many servings of each did your child eat/drink? A serving is your child’s normal portion. If less than 1 serving, “X” the box under “1/2.” (“X” ONE BOX OR WRITE IN A NUMBER FOR EACH ITEM)				
			½ or Less	1	2	3	More than 3 (write in)
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

DAY TWO: Physical Activity

26. What was the primary way your child got **to school** today? (“X” ONE BOX UNDER Q.26.)
27. What was the primary way your child got home **from school** today? (“X” ONE BOX UNDER Q. 27.)

	Q. 26 TO SCHOOL	Q. 27 FROM SCHOOL
Car/carpool	<input type="checkbox"/> 1	<input type="checkbox"/> 1
School bus	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Walked	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Rode bicycle	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Other (SPECIFY):	<input type="checkbox"/> 5	<input type="checkbox"/> 5

28. Did your child exercise or was he/she physically active any time during this part of the day? (“X” ONE BOX FOR EACH PART OF THE DAY)	29. Type of exercise, physical activity, or sports in which your child participated during this part of the day. <i>(Record the type of activity/exercise within the appropriate period of the day; include what your child did in gym/PE class or recess.)</i>		30. Number of minutes your child spent doing <u>each</u> exercise or activity. <i>(Record the number of minutes your child spent with each exercise/activity in the space below; include time your child spent in gym/PE class or recess.)</i>	31. How vigorously did your child participate in this exercise or activity? <i>(Read each of the three categories below to your child and identify the one that best fits how vigorously he/she participated in each exercise/activity recorded under Question 29.)</i> (“X” EITHER LIGHT, MODERATE, OR HARD FOR EACH EXERCISE/ACTIVITY IN Q. 29.)			
	YES	NO			LIGHT	MODERATE	HARD
PART OF THE DAY			Types of Exercise	Minutes of Exercise/ Physical Activity	Includes walking to school or swinging on a swing	Includes bicycling, roller-skating, skate-boarding, and dancing	Includes running, basketball, and sprint or distance swimming
Morning (5 a.m. to 10:59 a.m.)	<input type="checkbox"/> 1 ↓ Go to Q. 29	<input type="checkbox"/> 2 ↓ Go to next part of day below	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	_____ _____ _____ _____ _____ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3
Afternoon (11 a.m. to 4:59 p.m.)	<input type="checkbox"/> 1 ↓ Go to Q. 29	<input type="checkbox"/> 2 ↓ Go to next part of day below	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	_____ _____ _____ _____ _____ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3
Evening (5 p.m. or later)	<input type="checkbox"/> 1 ↓ Go to Q. 29	<input type="checkbox"/> 2 ↓ Go to Q. 32	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	_____ _____ _____ _____ _____ _____	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3

PART OF THE DAY	32. Did your child watch any TV/videos <u>for fun</u> or play any computer/video games <u>for fun</u> during each of the three major parts of the day? (“X” ONE BOX FOR EACH PART OF THE DAY)		33. How many minutes did your child watch TV/videos <u>for fun</u> or play computer games or play video games <u>for fun</u> during each of the three major parts of the day? <i>(Only count TV/video watching or video/computer games that weren’t a part of school work.)</i>
	Yes	No	
Morning (5 a.m. to 10:59 a.m.)	<input type="checkbox"/> 1 ↓ Go to Q. 33	<input type="checkbox"/> 2 ↓ Go to next part of day below	_____
Afternoon (11 a.m. to 4:59 p.m.)	<input type="checkbox"/> 1 ↓ Go to Q. 33	<input type="checkbox"/> 2 ↓ Go to next part of day below	_____
Evening (5 p.m. or later)	<input type="checkbox"/> 1 ↓ Go to Q. 33	<input type="checkbox"/> 2 ↓ Go to Q. 1 on next page	_____

CHILD INFORMATION

1. What is your child’s current height in feet and inches? Please measure without shoes. (WRITE IN)
- _____ Feet _____ Inches
2. What is your child’s current weight in pounds? (WRITE IN)
- _____ Pounds
3. In the past six months, has your household received or used any food stamps to purchase food or not?
- Yes ☐ 1 No ☐ 2

FOR YOUR CHILD TO COMPLETE:

4. During this school year, have you had any lessons from a teacher, coach or some other type of instructor about: (“X” ONE BOX FOR EACH QUESTION)
- Food, nutrition and your health?

Exercise and your health?
- Yes

No

Not Sure
- ☐ 1

☐ 2

☐ 3
- ☐ 1

☐ 2

☐ 3

5. Does your school usually: (“X” ONE BOX FOR EACH QUESTION)

Serve its students breakfast?

Serve its students hot lunches?

Serve its students after-school snacks?

Ever make its students exercise during school (other than recess)?...

Yes

No

Not Sure

☐ 1

☐ 2

☐ 3

☐ 1

☐ 2

☐ 3

☐ 1

☐ 2

☐ 3

☐ 1

☐ 2

☐ 3

6. About how many times during a school week do you eat a lunch served by your school’s cafeteria? (“X” ONE BOX)

None/not at all.....

Only a few times a month or less often

1 time a week.....

2 times a week.....

3 times a week.....

4 times a week.....

5 times a week – every day of the week

Does not apply – I attend home school

☐ 0

☐ x

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

7. Are you a: (“X” ONE BOX)

Boy

Girl

☐ 1

☐ 2

8. What is your current grade in school? (“X” ONE BOX)

Third Grade.....

Fourth Grade

Fifth Grade

Sixth Grade.....

Other; what grade:

☐ 3

☐ 4

☐ 5

☐ 6

☐ 0

9. Do you currently attend public, parochial, private or home school? (“X” ONE BOX)

Public

Parochial/religious

Other private

Home school.....

☐ 1

☐ 2

☐ 3

☐ 4

TO PARENTS: Please review the completed questionnaire with your child to make sure he/she understood the questions. Keep in mind there are no right or wrong answers. We want to make sure that your child has given the most accurate information about what foods he/she ate or how much he/she exercised.

Please place the completed questionnaire in the postage-paid envelope and mail it to us. Thank you for your help!